FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0041749

Facility Name: RENAISSANCE AT MIDWAY

Address: 4437 SOUTH CICERO (Number) CHICAGO (City) 60632 (Zip Code)

County: COOK

Telephone Number: (773) 884-0484 **Fax #** (773) 884- 0485

IDPA ID Number: 363969662001

Date of Initial License for Current Owners: 06/05/00

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) _____

(Title) _____

Paid Preparer

(Signed) See Accountants' Compilation Report Attached (Date)

(Print Name and Title) NOSHIR R. DARUWALLA, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	249	Skilled (SNF)	249	90,885	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	249	TOTALS	249	90,885	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	41,961	3,371	10,293	55,625	8
9	SNF/PED					9
10	ICF	26,827	896		27,723	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	68,788	4,267	10,293	83,348	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.71%

D. How many bed-hold days during this year were paid by Public Aid?
2,073 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 6/05/00

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 6/5/00 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 50 and days of care provided 9,506

Medicare Intermediary ADMINASTAR

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	291,891	77,798	23,517	393,206		393,206		393,206			1
2	Food Purchase		376,372		376,372	(25,550)	350,822	(1,009)	349,813			2
3	Housekeeping	230,604	61,740		292,344		292,344		292,344			3
4	Laundry	78,849	9,054		87,903		87,903		87,903			4
5	Heat and Other Utilities			165,877	165,877		165,877	(14,693)	151,184			5
6	Maintenance	121,698	20,496	174,946	317,140		317,140	755	317,895			6
7	Other (specify):*							(82)	(82)			7
8	**TOTAL General Services**	723,042	545,460	364,340	1,632,842	(25,550)	1,607,292	(15,029)	1,592,263			8
	B. Health Care and Programs											
9	Medical Director			20,004	20,004		20,004		20,004			9
10	Nursing and Medical Records	2,796,510	285,910	256,129	3,338,549		3,338,549	(369)	3,338,180			10
10a	Therapy	47,645	2,042	2,918	52,605		52,605		52,605			10a
11	Activities	198,565	7,911	1,294	207,770		207,770		207,770			11
12	Social Services	137,987		2,768	140,755		140,755		140,755			12
13	Nurse Aide Training			13,736	13,736		13,736		13,736			13
14	Program Transportation			1,680	1,680		1,680	996	2,676			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,180,707	295,863	298,529	3,775,099		3,775,099	627	3,775,726			16
	C. General Administration											
17	Administrative	238,708		703,679	942,387		942,387	(578,474)	363,913			17
18	Directors Fees											18
19	Professional Services			110,687	110,687		110,687	(18,641)	92,046			19
20	Dues, Fees, Subscriptions & Promotions			121,625	121,625		121,625	(82,515)	39,110			20
21	Clerical & General Office Expenses	366,198	64,394	303,346	733,938		733,938	(131,217)	602,721			21
22	Employee Benefits & Payroll Taxes			791,766	791,766	25,550	817,316	(30,938)	786,378			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,694	6,694		6,694	1,218	7,912			24
25	Other Admin. Staff Transportation			2,764	2,764		2,764	(1,117)	1,647			25
26	Insurance-Prop.Liab.Malpractice			214,403	214,403		214,403	688	215,091			26
27	Other (specify):*							30,650	30,650			27
28	**TOTAL General Administration**	604,906	64,394	2,254,964	2,924,264	25,550	2,949,814	(810,346)	2,139,468			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,508,655	905,717	2,917,833	8,332,205		8,332,205	(824,748)	7,507,457			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number RENAISSANCE AT MIDWAY #0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			125,353	125,353		125,353	286,232	411,585			30
31	Amortization of Pre-Op. & Org.			5,014	5,014		5,014	184	5,198			31
32	Interest			296,519	296,519		296,519	756,164	1,052,683			32
33	Real Estate Taxes			(28,332)	(28,332)		(28,332)	297,439	269,107			33
34	Rent-Facility & Grounds			1,657,814	1,657,814		1,657,814	(1,632,581)	25,233			34
35	Rent-Equipment & Vehicles			18,892	18,892		18,892	9,279	28,171			35
36	Other (specify):*							41,056	41,056			36
37	**TOTAL Ownership**			2,075,260	2,075,260		2,075,260	(242,227)	1,833,033			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	15,821	175,122	714,132	905,075		905,075	250	905,325			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,327	136,327		136,327		136,327			42
43	Other (specify):*	87,702			87,702		87,702	(87,702)				43
44	**TOTAL Special Cost Centers**	103,523	175,122	850,459	1,129,104		1,129,104	(87,452)	1,041,652			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,612,178	1,080,839	5,843,552	11,536,569		11,536,569	(1,154,427)	10,382,142			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(121,728)	30		9
10	Interest and Other Investment Income	(330)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(193)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(630)	21		18
19	Entertainment	(13,025)	21		19
20	Contributions	(23,850)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(218,925)	21		24
25	Fund Raising, Advertising and Promotional	(57,675)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(386)	20		28
29	Other-Attach Schedule	(353,357)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (790,099)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(364,328)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (364,328)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,154,427)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

RENAISSANCE AT MIDWAY

ID# 0041749

Report Period Beginning: 01/01/02

Ending: 12/31/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Contributions - ICLTC	$ (4,116)	20	1
2	Cable	(14,112)	5	2
3	Bank Charges	(11,784)	21	3
4	Food Rebates	(816)	2	4
5	Copies	(1,423)	21	5
6	Officers Life Insurance	(30,938)	22	6
7	Building Co. - Accounting Fees	(12,234)	19	7
8	Non-Allowable Legal Fees	(571)	19	8
9	Marketing Seminar	(169)	24	9
10	Jury Duty	(369)	10	10
11	Prior Period Interest Expense	(4,430)	32	11
12	Prior Period Repairs and Maintenance	(149)	6	12
13	Bank Charges	(149)	21	13
14	Management Fees	(125,000)	17	14
15	Late Fee-Real Estate Taxes	(83)	33	15
16	Cable	(1,232)	5	16
17	Non-Allowed Clerical Salary	(36,466)	21	17
18	Non-Allowed Nucare Salary	(1,449)	21	18
19	Non-Allowed Nucare Payroll Taxes	(124)	27	19
20	Non-Allowable Legal Fees	(121)	19	20
21	Marketing Salaries	(87,792)	43	21
22	Non-Allowable Legal Fees	(12,644)	19	22
23	Non-Allowable Legal Fees	(5,177)	19	23
24	Non-Allowable Legal Fees	(2,099)	19	24
25				25
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99				99
100				100
101	Total	(353,357)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary													1
2	Food Purchase	(1,009)											(1,009)	2
3	Housekeeping													3
4	Laundry													4
5	Heat and Other Utilities	(15,344)		651									(14,693)	5
6	Maintenance	(149)		904									755	6
7	Other (specify):*			(82)									(82)	7
8	**TOTAL General Services**	(16,502)		1,473									(15,029)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(369)											(369)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation			996									996	14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(369)		996									627	16
	C. General Administration													
17	Administrative	(125,000)		3,296	(344,001)	(10,297)	(102,472)						(578,474)	17
18	Directors Fees													18
19	Professional Services	(32,846)	12,249	1,356		600							(18,641)	19
20	Fees, Subscriptions & Promotions	(86,027)		1,250		2,262							(82,515)	20
21	Clerical & General Office Expenses	(283,851)	149	145,768		1,488	5,229						(131,217)	21
22	Employee Benefits & Payroll Taxes	(30,938)											(30,938)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(169)		1,372		15							1,218	24
25	Other Admin. Staff Transportation		(1,286)	169									(1,117)	25
26	Insurance-Prop.Liab.Malpractice			688									688	26
27	Other (specify):*	(124)		22,402	4,085	3,351	936						30,650	27
28	**TOTAL General Administration**	(558,955)	11,112	176,301	(339,916)	(2,581)	(96,307)						(810,346)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(575,826)	11,112	178,770	(339,916)	(2,581)	(96,307)						(824,748)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 **Report Period Beginning:** 01/01/02 **Ending:** 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(121,728)	403,530	4,430									286,232	30
31	Amortization of Pre-Op. & Org.		184										184	31
32	Interest	(4,760)	761,446	(522)									756,164	32
33	Real Estate Taxes	(83)	297,522										297,439	33
34	Rent-Facility & Grounds		(1,643,414)	10,833									(1,632,581)	34
35	Rent-Equipment & Vehicles			9,279									9,279	35
36	Other (specify):*		41,056										41,056	36
37	**TOTAL Ownership**	(126,571)	(139,676)	24,020									(242,227)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers			250									250	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(87,702)											(87,702)	43
44	**TOTAL Special Cost Centers**	(87,702)		250									(87,452)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(790,099)	(128,564)	203,040	(339,916)	(2,581)	(96,307)						(1,154,427)	45

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	$ 1,643,414	Claridge at Cicero		$	$ (1,643,414)	1
2	V	36	MIP Insurance		Claridge at Cicero		41,056	41,056	2
3	V	19	Fees		Claridge at Cicero		15	15	3
4	V	21	Bank Charges		Claridge at Cicero		149	149	4
5	V	19	Accounting		Claridge at Cicero		12,234	12,234	5
6	V	32	Interest Expense		Claridge at Cicero		675,293	675,293	6
7	V	33	Real Estate Taxes		Claridge at Cicero		297,522	297,522	7
8	V	30	Depreciation		Claridge at Cicero		403,530	403,530	8
9	V	31	Amortization		Claridge at Cicero		184	184	9
10	V	32	Interest Expense		Claridge at Cicero		86,153	86,153	10
11	V	25	Interest Income	1,286	Claridge at Cicero			(1,286)	11
12	V								12
13	V								13
14	Total			$ 1,644,700			$ 1,516,136	$ * (128,564)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	NUCARE SERVICES CORP.	100.00%	$ 651	$ 651	15
16	V	6	REPAIRS AND MAINT.				904	904	16
17	V	7	EMPLOYEE BEN. GEN. SERV.				(82)	(82)	17
18	V	14	PROGRAM TRANSPORTATION				996	996	18
19	V	17	ADMINISTRATIVE - NON-OWNER				3,296	3,296	19
20	V	19	PROFESSIONAL FEES				1,356	1,356	20
21	V	20	FEES SUBSCRIPTIONS				1,250	1,250	21
22	V	21	CLERICAL & GENERAL				145,768	145,768	22
23	V	24	SEMINARS AND EDUCATION				1,372	1,372	23
24	V	25	ADMIN. STAFF TRAVEL				169	169	24
25	V	26	INSURANCE				688	688	25
26	V	27	EMPLOYEE BEN. GEN. ADMIN.				22,402	22,402	26
27	V	30	DEPRECIATION				4,430	4,430	27
28	V	32	INTEREST EXPENSE				(522)	(522)	28
29	V	34	BUILDING RENT				10,833	10,833	29
30	V	35	EQUIPMENT RENTAL				9,279	9,279	30
31	V	39	ANCILLARY				250	250	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 203,040	$ * 203,040	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMIN. - R. HARTMAN	$	NUCARE SERVICES CORP.	100.00%	$ 21,728	$ 21,728	15
16	V	17	ADMIN. - R. BOTTNER				26,273	26,273	16
17	V	17	ADMIN. - B. CARR				22,410	22,410	17
18	V	17	ADMIN. - D. HARTMAN				2,213	2,213	18
19	V	17	ADMIN. - E. DICKMAN						19
20	V	27	EMP. BEN. - R. HARTMAN				1,909	1,909	20
21	V	27	EMP. BEN. - R. BOTTNER				1,025	1,025	21
22	V	27	EMP. BEN. - B. CARR				978	978	22
23	V	27	EMP. BEN. - D. HARTMAN				173	173	23
24	V	27	EMP. BEN. - E. DICKMAN						24
25	V								25
26	V								26
27	V	17	MANAGEMENT FEES	416,625	NUCARE SERVICES CORP.	100.00%		(416,625)	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 416,625			$ 76,709	$ * (339,916)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 14,257	$ 14,257	15
16	V	19	PROFESSIONAL FEES				600	600	16
17	V	20	FEES, SUBSCRIPTIONS				2,262	2,262	17
18	V	21	CLERICAL AND GENERAL				1,488	1,488	18
19	V	24	SEMINARS				15	15	19
20	V	27	GEN ADMIN.- EMP. BEN.				3,351	3,351	20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	24,554				(24,554)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 24,554			$ 21,973	$ * (2,581)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 20,028	$ 20,028	15
16	V	21	OFFICE				229	229	16
17	V	27	PAYROLL TAXES				936	936	17
18	V								18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES						21
22	V								22
23	V								23
24	V								24
25	V	21	SECRETARIAL				5,000	5,000	25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	122,500	JLR MANAGEMENT CORP.	100.00%		(122,500)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 122,500			$ 26,193	$ * (96,307)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Workers Compensation	$ 70,099	Diamond Insurance	100.00%	$ 70,099	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 70,099			$ 70,099	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Hartman	Owner	Administrative	20.05%	See Attached	4.5	6.92%	Alloc. Salary	$ 21,728	17-7	1
2											2
3	Barry Carr		Administrative		See Attached	5.5	9.17%	Alloc. Salary	22,410	17-7	3
4	Mark Berger		Administrative		See Attached	40	100.00%	Alloc. Fees	15,000	17-7	4
5	Mark Berger		Administrative		See Attached	40	100.00%	Salary	153,021	17-1	5
6	Jack Rajchenbach	Owner	Administrative	25.00%	See Attached	7	10.77%	Alloc. Salary	20,028	17-7	6
7	David Hartman		Administrative		See Attached	0.7	1.53%	Alloc. Salary	2,212	17-7	7
8	Bernard Hollander	Owner	Administrative	25.00%	See Attached	2	3.08%				8
9											9
10											10
11											11
12											12
13								TOTAL	$ 234,399		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	AVAIL. CENSUS DAYS	752,896	9	$ 5,390	$	90,885	$ 651	1
2	6	REPAIRS AND MAINT.	AVAIL. CENSUS DAYS	752,896	9	7,491	(2,814)	90,885	904	2
3	7	EMPLOYEE BEN. GEN. SERV.	AVAIL. CENSUS DAYS	752,896	9	(678)		90,885	(82)	3
4	14	PROGRAM TRANSPORTATION	AVAIL. CENSUS DAYS	752,896	9	8,255		90,885	996	4
5	17	ADMINISTRATIVE - NON-OWN	AVAIL. CENSUS DAYS	752,896	9	27,305	23,542	90,885	3,296	5
6	19	PROFESSIONAL FEES	AVAIL. CENSUS DAYS	752,896	9	11,230		90,885	1,356	6
7	20	FEES SUBSCRIPTIONS	AVAIL. CENSUS DAYS	752,896	9	10,356		90,885	1,250	7
8	21	CLERICAL & GENERAL	AVAIL. CENSUS DAYS	752,896	9	1,207,546	985,408	90,885	145,768	8
9	24	SEMINARS AND EDUCATION	AVAIL. CENSUS DAYS	752,896	9	11,367		90,885	1,372	9
10	25	ADMIN. STAFF TRAVEL	AVAIL. CENSUS DAYS	752,896	9	1,396		90,885	169	10
11	26	INSURANCE	AVAIL. CENSUS DAYS	752,896	9	5,696		90,885	688	11
12	27	EMPLOYEE BEN. GEN. ADMIN	AVAIL. CENSUS DAYS	752,896	9	185,578		90,885	22,402	12
13	30	DEPRECIATION	AVAIL. CENSUS DAYS	752,896	9	36,699		90,885	4,430	13
14	32	INTEREST EXPENSE	AVAIL. CENSUS DAYS	752,896	9	(4,322)		90,885	(522)	14
15	34	BUILDING RENT	AVAIL. CENSUS DAYS	752,896	9	89,738		90,885	10,833	15
16	35	EQUIPMENT RENTAL	AVAIL. CENSUS DAYS	752,896	9	76,871		90,885	9,279	16
17	39	ANCILLARY	AVAIL. CENSUS DAYS	752,896	9	2,070	1,668	90,885	250	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,681,988	$ 1,007,804		$ 203,040	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NUCARE SERVICES CORP.
Street Address: 6677 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (847) 933-2600
Fax Number: (847) 933-2601

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMIN. - R. HARTMAN	AVG. HOURS WORKED	37	9	180,000	180,000	4	21,728	1
2	17	ADMIN. - R. BOTTNER	AVG. HOURS WORKED	50	9	217,649	215,000	6	26,273	2
3	17	ADMIN. - B. CARR	AVG. HOURS WORKED	45	9	183,358	181,000	6	22,410	3
4	17	ADMIN. - D. HARTMAN	AVG. HOURS WORKED	6	9	18,016	17,000	1	2,213	4
5	17	ADMIN. - E. DICKMAN	AVG. HOURS WORKED	35	1	18,973	17,000			5
6	27	EMP. BEN. - R. HARTMAN	AVG. HOURS WORKED	37	9	15,814		4	1,909	6
7	27	EMP. BEN. - R. BOTTNER	AVG. HOURS WORKED	50	9	8,491		6	1,025	7
8	27	EMP. BEN. - B. CARR	AVG. HOURS WORKED	45	9	7,998		6	978	8
9	27	EMP. BEN. - D. HARTMAN	AVG. HOURS WORKED	6	9	1,411		1	173	9
10	27	EMP. BEN. - E. DICKMAN	AVG. HOURS WORKED	35	1	1,411				10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 653,121	$ 610,000		$ 76,709	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	617,442	13	$ 358,512	$ 358,512	24,554	$ 14,257	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	617,442	13	15,097		24,554	600	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	617,442	13	56,887		24,554	2,262	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	617,442	13	37,424		24,554	1,488	4
5	24	SEMINARS	CARE PATH FEES	617,442	13	365		24,554	15	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	617,442	13	84,255		24,554	3,351	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 552,540	$ 358,512		$ 21,973	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	59	9	$ 168,808	$ 168,808	7	$ 20,028	1
2	21	OFFICE	AVG. HOURS WORKED	59	9	1,932		7	229	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	59	9	7,887		7	936	3
4										4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11	21	SECRETARIAL	AVG. HOURS WORKED	40	1	5,000		40	5,000	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 219,923	$ 168,808		$ 26,193	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Diamond Insurance
Street Address: 40 Skokie Blvd., Suite 105
City / State / Zip Code: Northbrook, IL 60062
Phone Number: (847) 559-1002
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	22	Worker's Comp. Insurance	Direct Allocation			$	$		$ 70,099	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 70,099	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Shareholders	X									48,775	6
7	American National Bank		X	Line of Credit							76,877	7
8	LaSalle Bank		X	Line of Credit							110,888	8
9	TOTAL Facility Related						$	$			$ 236,540	9
	B. Non-Facility Related*											
10	See Supplemental Schedule							9,424,110			816,143	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$ 9,424,110			$ 816,143	14
15	TOTALS (line 9+line14)						$	$ 9,424,110			$ 1,052,683	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 41,056 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
1	Other		X				$	$			$ 178	1
2	NuCare Allocation	X									(522)	2
3	Interest Income		X								(330)	3
4	Claridge at Cicero, LP	X		Mortgage				9,424,110			675,293	4
5	Claridge at Cicero, LP	X									86,153	5
6	Sun Joint Venture		X								36,914	6
7	Hillside Limited Partnership		X								18,457	7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							$	$ 9,424,110			$ 816,143	21

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2001 report.	$	374,441	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	313,882	2
3. Under or (over) accrual (line 2 minus line 1).	$	(60,559)	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	329,665	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	269,106	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1997		8
1998		9
1999		10
2000	356,610	11
2001	313,882	12

Real Estate Tax Accrual: 313,966 X 1.05 = 329,665

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME RENAISSANCE AT MIDWAY COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See Attached Schedule		$	$ 313,882.28
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$ 313,882.28

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME RENAISSANCE AT MIDWAY COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0041749

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 98,303 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 37,608
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: 5,198
4. Dates Incurred:

Nature of Costs: Loan Fees
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	48,972	1994	$ 850,000	1
2				(695,000)	2
3	TOTALS	48,972		$ 155,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9								-		-	9
10								-		-	10
11								-		-	11
12								-		-	12
13								-		-	13
14								-		-	14
15								-		-	15
16								-		-	16
17								-		-	17
18								-		-	18
19								-		-	19
20								-		-	20
21								-		-	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$ -	$	$ -	37
38						-		-	38
39						-		-	39
40						-		-	40
41						-		-	41
42						-		-	42
43						-		-	43
44						-		-	44
45						-		-	45
46						-		-	46
47						-		-	47
48						-		-	48
49						-		-	49
50						-		-	50
51						-		-	51
52						-		-	52
53						-		-	53
54						-		-	54
55						-		-	55
56						-		-	56
57						-		-	57
58						-		-	58
59						-		-	59
60						-		-	60
61						-		-	61
62						-		-	62
63						-		-	63
64						-		-	64
65						-		-	65
66						-		-	66
67						-		-	67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)		9,067,646	237,773		260,358	22,585	672,722	68
69	Financial Statement Depreciation			23,664			(23,664)		69
70	TOTAL (lines 4 thru 69)		$ 9,067,646	$ 261,437		$ 260,358	$ (1,079)	$ 672,722	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,067,646	$ 261,437		$ 260,358	$ (1,079)	$ 672,722	1
2	CORNER GUARDS	2000	1,438		20	72	72	186	2
3	CARPET & DRAPERIES	2000	3,622		20	181	181	468	3
4	WALLPAPER	2000	1,277		20	64	64	165	4
5	DRAPERIES & SHWR CBL	2000	1,758		20	88	88	227	5
6	CABINETS	2000	6,200		20	310	310	801	6
7	CABINETS	2000	1,980		20	99	99	256	7
8	LOCKS	2000	611		20	31	31	80	8
9	AMERICAN HEALTHCARE	2000	488		20	24	24	62	9
10	GRAVEL FOR PRKG LOT	2000	3,500		20	175	175	452	10
11	WINDOWS	2000	3,933		20	197	197	509	11
12	FENCE	2000	2,215		20	111	111	287	12
13	INSTL WNDW GRD SYSTM	2000	13,170		20	659	659	1,702	13
14	SIGNS	2000	415		20	21	21	54	14
15	WIRING FOR PHONES,CO	2000	28,197		20	1,410	1,410	3,643	15
16	WALLPAPER	2000	4,039		20	202	202	522	16
17	CARPET	2000	1,123		20	56	56	145	17
18	WINDOW TREATMENTS	2000	1,244		20	62	62	160	18
19	FRNSH & INSTL FLG PL	2000	1,471		20	74	74	191	19
20	BALANCE OWED ON CNPS	2000	7,804		20	390	390	975	20
21	INSTALL LANDSCAPING	2000	9,637		20	482	482	1,205	21
22	WINDOW TREATMENT	2000	3,992		20	200	200	500	22
23	WINDOW TREATMENT	2000	483		20	24	24	60	23
24	CORNICE BRDS & VLNCS	2000	3,794		20	190	190	475	24
25	PREP WALLS & HNG WLP	2000	5,980		20	299	299	748	25
26	PREP WALLS & HNG WLP	2000	3,990		20	200	200	483	26
27	CHR RLS, END CAP,WLG	2000	6,605		20	330	330	798	27
28	PHONE & CMPTR CBLG	2000	4,959		20	248	248	599	28
29	WALLPAPER	2000	208		20	10	10	24	29
30	CORNICE BRDS, DRAPER	2000	1,194		20	60	60	145	30
31	WINDOW TREATMENTS	2000	6,442		20	322	322	778	31
32	CUBICLE CRTNS, SHDS	2000	3,798		20	190	190	459	32
33	PRVDE A/C TO STF DNR	2000	1,716		20	86	86	208	33
34	TOTAL (lines 1 thru 33)		$ 9,204,929	$ 261,437		$ 267,225	$ 5,788	$ 690,089	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,204,929	$ 261,437		$ 267,225	$ 5,788	$ 690,089	1
2	CCTV & CMPTR CABLEIN	2000	5,056		20	253	253	611	2
3	INHOUSE PAGING SYSTM	2000	5,554		20	278	278	649	3
4	FLUID PUMP SERVICE	2000	1,246		20	62	62	145	4
5	SCREENS	2000	630		20	32	32	72	5
6	REPLC FLR IN SRVC EL	2000	1,750		20	88	88	198	6
7	SQUARE DEAL GLASS	2000	626		20	31	31	70	7
8	WANDER GUARD SYSTEM	2000	1,088		20	54	54	117	8
9	INSTALL PHONE SYSTEM	2000	8,600		20	430	430	932	9
10	PHONE, CCTV & CMPTR	2000	16,579		20	829	829	1,796	10
11	REPAIRS TO BOILER	2000	927		20	46	46	96	11
12	INSTALL PHONE SYSTEM	2000	4,861		20	243	243	506	12
13	CABLEING FOR CMPTR S	2000	604		20	30	30	63	13
14	REPAIR FIRE ALARM PN	2000	866		20	43	43	104	14
15	BED, MOBILE MONITOR	2000	627		20	63	63	163	15
16	ILLUMINATED WALL DIS	2000	27,983		20	1,399	1,399	2,798	16
17	REPR FRNT ENTRNC DR	2001	425		20	21	21	42	17
18	INSTALL ROOF ON OXYG	2001	565		20	28	28	56	18
19	MISC ELECTRICAL WORK	2001	9,697		20	485	485	970	19
20	BUILD MNTNC OFFICE W	2001	2,890		20	145	145	278	20
21	TILE	2001	607		20	30	30	55	21
22	ELEVATOR REPAIRS	2001	957		20	48	48	88	22
23	REPLC DR RELS ON DR	2001	498		20	25	25	44	23
24	CANOPY	2001	10,694		20	535	535	892	24
25	PARKING LOT DESIGN	2001	1,800		20	90	90	150	25
26	WALLPAPER	2001	1,765		20	88	88	147	26
27	WINDOW	2001	251		20	13	13	22	27
28	INSTALL ELECT FOR SG	2001	2,846		20	142	142	237	28
29	LANDSCAPING REPRS	2001	2,188		20	109	109	173	29
30	REPAIR WATER LEAK	2001	689		20	34	34	51	30
31	REPAIR FIRE ALARM	2001	671		20	34	34	57	31
32	REPR FIRE ALARM	2001	(209)		20	(211)	(211)	(219)	32
33	REPR FIRE ALRM	2001	711		20	36	36	54	33
34	TOTAL (lines 1 thru 33)		$ 9,318,971	$ 261,437		$ 272,758	$ 11,321	$ 701,506	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,318,971	$ 261,437		$ 272,758	$ 11,321	$ 701,506	1
2	ARCHITECHTURAL FEES	2001	1,872		20	94	94	133	2
3	IN-HSE PG SYSTEM	2001	1,305		20	65	65	92	3
4	2 WINDOWS	2001	502		20	25	25	38	4
5	ARCHITECTURAL SVS/PM	2001	2,100		20	105	105	123	5
6	REPLC STMR, INSTL AR	2001	685		20	34	34	37	6
7	SPRINKLER REPAIRS	2001	925		20	46	46	77	7
8	INSTLN/REPR OF PHN/C	2001	2,603		20	130	130	141	8
9	SMOKE DETECTOR	2001	537		20	27	27	45	9
10	BOILER WORK	2002	3,704		20	309	309	309	10
11	BOILER WORK	2002	2,548		20	212	212	212	11
12	ELECTRICAL FOR VOICE MAIL SYSTEM	2002	1,400		20	70	70	70	12
13	ELECTRICAL WORK FOR VOICE MAIL SYSTEM	2002	3,247		20	81	81	81	13
14	AUTO DOOR CLOSER	2002	1,016		20	25	25	25	14
15	CARPET	2002	3,946		20	47	47	47	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,345,361	$ 261,437		$ 274,028	$ 12,591	$ 702,936	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	249		2000	2000	$ 9,107,497	$ 237,659	35	$ 260,214	$ 22,555	$ 672,220	4
5			2000	2000	(42,728)						5
6											6
7											7
8											8
	Improvement Type**										
9	Allocation - Nucare Management			1997	556	14	20	28	14	145	9
10	Allocation - Nucare Management			1998	487	12	20	24	12	109	10
11	Allocation - Nucare Management			1999	683	59	20	34	(25)	117	11
12	Allocation - Nucare Management			2000	830	21	20	42	(21)	101	12
13	Allocation - Nucare Management			2001	321	8	20	16	8	30	13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
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53									53
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58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,067,646	$ 237,773		$ 260,358	$ 22,543	$ 672,722	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,334,165	$ 266,170	$ 132,107	$ (134,063)	10	$ 336,769	71
72	Current Year Purchases	55,154	5,553	5,297	(256)	10	5,297	72
73	Fully Depreciated Assets	7,556	149	149		10	7,556	73
74								74
75	TOTALS	$ 1,396,875	$ 271,872	$ 137,553	$ (134,319)		$ 349,622	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,897,236	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 533,309	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 411,581	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (121,728)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,052,558	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	PROCESSING, INSPECTION, EXAM	$ 203,948	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 203,948	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5	Parking				14,400			5
6	Allocation from Nucare				10,833			6
7	TOTAL				$ 25,233 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 19,880 Description: $10,601 Copy Machine; Allocation from NuCare $9,279
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Business	Honda-2001 Acura	$ 691.00	$ 8,292	17
18					18
19					19
20					20
21	TOTAL		$ 691.00	$ 8,292	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM	
IN OTHER FACILITY	
COMMUNITY COLLEGE	X
HOURS PER AIDE	120

3. CLINICAL PORTION:

IN-HOUSE PROGRAM	X
IN OTHER FACILITY	
HOURS PER AIDE	80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$ 855	$ 5,130	$	$ 5,985
2	Books and Supplies	279	1,677		1,956
3	Classroom Wages (a)				
4	Clinical Wages (b)	828	4,967		5,795
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$ 1,962	$ 11,774	$	$ 13,736
10	SUM OF line 9, col. 1 and 2 (e)	$ 13,736			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	18
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	3
2. From other facilities (f)	
TOTAL TRAINED	21

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 173,291	$		$ 173,291	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			38,509			38,509	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			173,291			173,291	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 03	# of prescrpts			329,041			329,041	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			15,821			175,122		190,943	13
14	TOTAL			$ 15,821		$ 714,132	$ 175,122		$ 905,075	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 5,056	$ 502,055	1
2	Cash-Patient Deposits	(1,023)	(1,023)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	4,307,479	4,307,479	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	126,774	155,029	6
7	Other Prepaid Expenses	18,510	18,510	7
8	Accounts Receivable (owners or related parties)	449,793	449,793	8
9	Other(specify): See Supplemental Schedule	25,077	532,426	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,931,666	$ 5,964,269	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		209,865	13
14	Buildings, at Historical Cost		8,016,178	14
15	Leasehold Improvements, at Historical Cost	264,643	264,643	15
16	Equipment, at Historical Cost	523,945	1,353,300	16
17	Accumulated Depreciation (book methods)	(291,155)	(1,335,533)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):		1,258,036	22
23	Other(specify): See Supplemental Schedule	34,337	34,337	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 531,770	$ 9,800,826	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,463,436	$ 15,765,095	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,900,327	$ 1,903,796	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,122	7,122	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	277,798	277,798	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,029	27,029	31
32	Accrued Real Estate Taxes(Sch.IX-B)		329,665	32
33	Accrued Interest Payable		142,305	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	5,212,953	6,387,766	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 7,425,229	$ 9,075,481	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,424,110	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,424,110	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 7,425,229	$ 18,499,591	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,961,793)	$ (2,734,496)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,463,436	$ 15,765,095	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (3,515,149)	1
2	Restatements (describe):		2
3	See attached	131,640	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (3,383,509)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,421,716	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,421,716	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (1,961,793)	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,822,229	1
2	Discounts and Allowances for all Levels	(513,068)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,309,161	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	900,708	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 900,708	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	528,107	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	80,051	19
20	Radiology and X-Ray	22,147	20
21	Other Medical Services	113,941	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 744,246	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	330	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 330	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	3,840	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,840	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,958,285	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,632,842	31
32	Health Care	3,775,099	32
33	General Administration	2,924,264	33
	B. Capital Expense		
34	Ownership	2,075,260	34
	C. Ancillary Expense		
35	Special Cost Centers	992,777	35
36	Provider Participation Fee	136,327	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,536,569	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,421,716	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,421,716	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Cash Basis If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,977	2,086	$ 96,314	$ 46.17	1
2	Assistant Director of Nursing	4,478	4,995	128,393	25.70	2
3	Registered Nurses	21,568	22,842	659,266	28.86	3
4	Licensed Practical Nurses	34,617	36,657	747,062	20.38	4
5	Nurse Aides & Orderlies	124,622	129,424	1,080,395	8.35	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	470	470	15,821	33.66	7
8	Rehab/Therapy Aides	5,184	5,692	47,645	8.37	8
9	Activity Director	3,919	4,447	66,690	15.00	9
10	Activity Assistants	16,035	16,986	131,875	7.76	10
11	Social Service Workers	8,317	8,942	137,987	15.43	11
12	Dietician	2,365	2,588	48,299	18.66	12
13	Food Service Supervisor					13
14	Head Cook	7,263	7,658	79,572	10.39	14
15	Cook Helpers/Assistants	21,064	22,224	164,020	7.38	15
16	Dishwashers					16
17	Maintenance Workers	6,257	6,869	121,698	17.72	17
18	Housekeepers	25,091	26,466	230,604	8.71	18
19	Laundry	10,155	10,701	78,849	7.37	19
20	Administrator	2,861	3,125	153,021	48.97	20
21	Assistant Administrator	1,894	2,094	60,070	28.69	21
22	Other Administrative	1,989	2,086	25,617	12.28	22
23	Office Manager					23
24	Clerical	32,217	34,653	366,198	10.57	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,783	5,043	85,080	16.87	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	3,143	3,344	87,702	26.23	33
34	TOTAL (lines 1 - 33)	340,269	359,392	$ 4,612,178 *	$ 12.83	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	521	$ 23,517	01-03	35
36	Medical Director	Monthly	20,004	09-03	36
37	Medical Records Consultant	53	2,385	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,488	10-03	39
40	Physical Therapy Consultant	57	2,860	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	1	58	10a-03	43
44	Activity Consultant	25	1,294	11-03	44
45	Social Service Consultant	53	2,768	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	709	$ 57,374		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	743	$ 35,460	10-03	50
51	Licensed Practical Nurses	6,067	213,796	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	6,810	$ 249,256		53

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Mark Berger	Administrator	0	$ 153,021
Brian Celerio	Asst. Admin	0	60,070
Kathy Brander (NuCare)	Dir of Reg. Mgmt.	0	12,373
Ray Dolan (NuCare)	VP Risk Mgmt.	0	13,245
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 238,709

B. Administrative - Other

Description	Amount
Management Fees - See Attached Schedule	$ 703,679
TOTAL (agree to Schedule V, line 17, col. 3)	$ 703,679
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
See Attached	Legal	$ 57,840
Frost Ruttenberg & Rothblatt	Accounting	14,150
See Attached	Computer	28,815
AOL Online	Computer	2,221
Personnel Planners	Unemployment Consult.	4,301
Suburban Surveying Service	Surveyor	3,200
Hayden Bulin Larson Design	Design	36
JSC Associates	Consulting Engineering	125
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 110,688

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 70,099
Unemployment Compensation Insurance	85,685
FICA Taxes	337,913
Employee Health Insurance	106,500
Employee Meals	25,550
Illinois Municipal Retirement Fund (IMRF)*	
Chicago Head Tax	7,280
Union Health Insurance	83,385
Union Pension Benefits	21,749
Other Employee Benefits	43,648
401K	4,570
TOTAL (agree to Schedule V, line 22, col.8)	$ 786,379

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	16,958
Health Care Worker Background Check	4,510
(Indicate # of checks performed 579)	
Yellow Page Advertising	386
Dues, Fees, Subscriptions	10,359
Licenses & Inspections	3,571
Allocation from Carepath	2,262
Allocation from Nucare	1,250
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	(386)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 39,110

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	6,525
Allocation from NuCare	1,372
Allocation from Carepath	15
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,912

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number RENAISSANCE AT MIDWAY # 0041749 Report Period Beginning: 01/01/02 Ending: 12/31/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Illinois Council on LTC - $13,483**

(3) Did the nursing home make political contributions or payments to a political action organization? **YES** If YES, have these costs been properly adjusted out of the cost report? **YES**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **10 YEARS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **39,331** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **136,327**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **25,550** Has any meal income been offset against related costs? **NO** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 100%-Line 14
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees